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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Pencil Number:

09/976338

**CLAIMS AS FILED - PART I**

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$			\$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		X \$		OR	X \$	
INDEPENDENT CLAIMS (37 CFR 1.16(d))	minus 3 =		X \$		OR	X \$	
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(d))			+ \$		OR	+ \$	
If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

**CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A 7-19-05	Total (37 CFR 1.16(c))	19	Minus	21	X \$		OR	X \$	
	Independent (37 CFR 1.16(d))	5	Minus	5	X \$		OR	X \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
AMENDMENT B 8-19-05	Total (37 CFR 1.16(c))	19	Minus	21	X \$		OR	X \$	
	Independent (37 CFR 1.16(d))	5	Minus	5	X \$		OR	X \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
AMENDMENT C	Total (37 CFR 1.16(c))		Minus		X \$		OR	X \$	
	Independent (37 CFR 1.16(d))		Minus		X \$		OR	X \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Document Number

09976338

**CLAIMS AS FILED - PART I**

(Column 1)		(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

2-1-04

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	21	minus	21		0
Independent	5	minus	5		0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

2-11-05

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	19	minus	21		2
Independent	5	minus	5		0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

5/23/05

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	same	minus			
Independent		minus			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X30-		OR	X318-	15.00
X42-		OR	X394-	16.25
+140-		OR	+280-	
TOTAL		OR	TOTAL	16.25

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X30-		OR	X318-	
X42-		OR	X394-	
+140-		OR	+280-	
TOTAL ADJUT. FEE		OR	TOTAL ADJUT. FEE	

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X30-		OR	X318-	
X42-		OR	X394-	
+140-		OR	+280-	
TOTAL ADJUT. FEE		OR	TOTAL ADJUT. FEE	

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X30-		OR	X318-	
X42-		OR	X394-	
+140-		OR	+280-	
TOTAL ADJUT. FEE		OR	TOTAL ADJUT. FEE	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 - If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 - If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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